Physical Exam Form
Exceptional Family Member Program, Kenner Army Health Clinic

700 24th Street; Fort Gregg-Adams, Virginia 23801; P: 804-734-9130; F: 804-734-9053

Name: _____ DOB:_____Age:_____Sex: M F

PART 1: **PLEASE ANSWER THE FOLLOWING QUESTIONS BEFORE THE PHYSICAL EXAM**

Please circle "Y" if the answer is "YES" and "N" if the answer is "NO" in the spaces below.

1: Allergies requiring shots or is life threatening	Y N	11: Seizures	Y N
2: Developmental Delays	Y N	12: Diabetes	Y N
3: Severe asthma requiring daily inhaled steroids	y **N**	13: ADHD/ADD managed by Psychiatry	Y N
4: Vision Disorders or Blindness	y **N**	14: Autism/Asperger's/PDD	Y N
5: Seizures	y **N**	15: Special Education (IEP, IFSP, 504)	Y N
6: Problems Hearing or Deafness	y **N**	16: Cancer	Y N
7: Problems with Speech	y **N**	17: Abnormal Pap/GYN History	Y N
8: Heart Problems	y **N**	18: Ongoing or Chronic Illness	Y N
9: Bleeding Disorders	y **N**	19: Thyroid Disease	Y N
1O: Counseling or Mental Health Medications in the 5 years.	y **N**	20: Sickle Cell Disease	Y N

List all current medications:_____

Are vaccinations up to date: Y N (**Please attach a copy of the latest vaccination records**)
If under 18 years of age: Developmentally on target: Y **N** PPD Results: Negative Positive: _ _ _ induration.

PART 2: **Provider Progress Note**

Vital Signs: Height: _____ Weight: _____ BP: _____ P: _____ R: _____ T: _____

Subjective:

Head: Normal_____ Abnormal_____		**Lungs: Normal_____ Abnormal_____**	
Eyes: Normal_____ Abnormal_____		**Abdomen: Normal_____ Abnormal_____**	
Ears: Normal_____ Abnormal_____		**Genitalia: Normal_____ Abnormal_____**	
Nose: Normal_____ Abnormal_____		**Skin: Normal_____ Abnormal_____**	
Throat: Normal_____Abnormal_____		**Extremities: Normal_____ Abnormal_____**	
Neck: Normal_____Abnormal_____		**Neurological: Normal_____Abnormal_____**	
Chest: Normal_____Abnormal_____			

A:

P:

Patient is fit for travel: Yes No **Signed: _____**

Date: _____ **Office Stamp.**